

International Classification of Diseases Version 10 (ICD-10) Implementation Planning Q/A

Question	Answers
Many state RFPs request ICD-10 services through a stabilization period after the ICD-10 compliance date. Will the Division of Medical Services (DMS) be considering such services? If yes, how should the cost of these services be included in the Cost Proposal?	The RFP should be for the scope of work identified in Section 3. This contract will extend through October 1, 2014. Services recommended for a time period after the compliance date should be identified as optional services and should include a separate cost proposal.
In order for vendors to adequately estimate this effort, can you provide an updated implementation schedule for in-flight projects that are known to be affected by ICD-10 (e.g., SD MEDX, others)?	Other than SDMEDX, the Department of Social Services (DSS) is not aware of other projects affected by ICD-10. SDMEDX will not be completed by the ICD-10 compliance date and therefore vendors must propose solutions for the current legacy system, with possible re-use in SDMEDX.
Has DMS implemented 5010 in its legacy MMIS system? If yes, what is the tool/solution used to accept/transform inbound 5010 transactions?	DSS has incorporated a step-up step down approach for 5010 whereby claims come in as 5010 claims, are sent to a vendor, Versik, go through edits, are then transformed into 4010 claims by a vendor, eProvider Solutions, are sent back to and adjudicated by the legacy system, and then the claims are returned back to eProvider Solutions to be stepped back up to 5010.
This objective references crosswalking incoming ICD-10 codes to ICD-9 codes. Has DMS already determined that it will implement a backward crosswalk as its ICD-10 solution? Should vendors assume that they are to provide code mapping services for DMS to support crosswalking, including proposing an industry mapping tool? If yes, where is this cost to be included in the Cost Proposal?	DSS has not made any determination of what approach will be taken to become ICD-10 compliant. Please refer to the RFP Section 3.16: Provide a project plan which contains a proposed approach for ICD-10 adoption in the South Dakota DSS Enterprise. It should recommend how South Dakota DSS should proceed in migrating from ICD-9 to ICD-10. The cost of adopting a proposed recommendation is outside of the scope of this RFP.
Objectives 3.11 through 3.14 all reference a "solution." Please confirm that the selected vendor is expected to provide a consulting solution in response to this RFP, which may use or suggest various ICD-10 tools to help DMS reach its goals.	The selected vendor is expected to recommend the most efficient, effective solution which may use or suggest various ICD-10 tools and approaches to become ICD-10 compliant by October 1st, 2014.
In what circumstance does DMS see the ICD-10 solution transmitting claims outside the legacy system? Is DMS assuming that vendors will propose a hosted ICD-10 solution?	The RFP should be for the scope of work identified in 3.0. It is expected that the vendor will propose the most efficient solution for DSS to become ICD-10 compliant with the least risk, based on the analysis performed as part of this RFP.

DMS has requested assistance with procuring an IV&V vendor. On what basis does DMS believe that an IV&V contractor is needed for this project?	As part of this RFP, DSS had requested assistance with IV&V procurement, if necessary, when adopting an ICD-10 solution; however, DSS is removing section 3.23 as not to exclude any vendor from applying for future IV&V contracts.
Please confirm that DMS will accept equivalent financial statements for firms that are privately owned partnerships that do not have audited financial statements or other corporate financial information such as a 10-K.	Audited Financial Statements are preferred, however in place of audited statements the vendor may submit Form 10-K, if not a Form 10-K, then other financial statements.
Objectives 3.19 to 3.21 appear to be services that go beyond the timing of the selection of a vendor. Is that the intent? If yes, there are currently no associated cost components in the cost matrix. As such, where are such services to be included in the Cost Proposal?	Yes that is correct, Objectives 3.19-3.21 go beyond the timing of the selection of the vendor. Please add these costs into the box title, ICD-10 Procurement Assistance (10%) \$ The percentages may be updated based on the proposals received.
Where does DMS anticipate that vendors should include the cost of any tools or software required to provide the requested services?	Vendors should include the cost of tools and software needed into their proposed cost for meeting each deliverable.
How many FTE State staff are assigned to the ICD-10 project? Of these, how many are dedicated to the ICD-10 project?	The final designation for State staff to work on the ICD-10 project will be made once a proposal is selected. At that time, the percentage of designation towards the project will be identified.
What “step up step down 5010 solution” is currently in place? Can the state provide technical documentation detailing its configuration and operation?	DSS has incorporated a step-up step down approach for 5010 whereby claims come in as version 5010, are sent to a vendor and go through edits, are then transformed into 4010 claims that are adjudicated by the legacy system and then are sent back to the vendor to be stepped back up to 5010. Once a vendor is selected to fulfill this RFP, technical documentation detailing our 5010 solution will be shared.
“Assist DSS in the selection and procurement of an IV&V contractor for the ICD-10 implementation solution;” Please define “Assist.” Does this include writing the RFP for the IV&V contractor? Does this include evaluation of responses to IV&V RFP?	Please ignore section 3.23. The vendor will not be expected to assist in or write the RFP for any IV&V contractor as this would exclude the vendor from being able to bid on that RFP. The vendor will not be expected to participate in the evaluation.

“Assist DSS in the selection and procurement of the recommended ICD 10 solution” Please define “Assist”. Does this include writing the RFP for the recommended solution? Does this include evaluation of responses to any solution RFP?	Please refer to section 3.25 for guidance regarding the RFP question. This includes writing the RFP for any potential DDI vendor including development of the evaluation tool and compiling evaluation results. The vendor will not be expected to participate in the evaluation itself.
Is a contractor precluded from bidding on the IV&V RFP for ICD-10 if they win the current procurement?	The vendor selected for this procurement is prohibited from submitting a proposal or staffing any future vendor selected for the design, development, and implementation of the ICD-10 solution; however, the selected vendor would not be precluded from bidding on any potential Independent Verification and Validation procurement, if determined necessary.
“Define solutions’ ability to provide for secure transmitting of claims “ Can the State clarify whether the State expects the impact assessment to include analysis of proposed solutions?	Yes. Please refer to section 3.5 through 3.15.
“Consultation with and inclusion of experienced, knowledgeable State coding staff in the development of the ICD-10 conversion plan;” How many State coding staff are assigned to the ICD-10 conversion? How are these staff involved in coding ICD-9 in the current environment?	The final designation for DSS staff to work on the ICD-10 project will be made once a proposal is selected. At that time, appropriate staff will be assigned to assist in the project with necessary coding experience. Medical Services staff works with ICD-9 codes in a variety of ways-claims processing, surveillance and utilization, federal reporting, program management, etc.
Does the State intend to include the CMS-mandated end to end trading partner testing for ICD-10 in the scope of this engagement?	Section 3.21 includes setting up a quality management framework and 3.20 includes providing acceptance testing services related to the implementation of system changes and oversight of integration test management services. The end-to-end testing plan is included in the scope of this RFP.
Will the State publish a list of vendors that submitted LOIs?	No.
The RFP states, “ <i>The proposal should include information related to site visits as applicable .</i> ” Is it the State’s intent to visit the company headquarters, a current client site, or something else? Please clarify.	No, DSS does not intend to visit the company headquarters. Site visit information should be included in your proposal denoting how much time you will be onsite during the project.
The RFP states, “The cost proposal must be in a separate sealed envelope and labeled, “Cost Proposal””. Does the State require the same number of copies as the proposal – original and 5 copies?	Yes, DSS requires the original and five copies of the cost proposal.

<p>The RFP states, “Specify scenarios of the number of days following award of the contract the vendor estimates the proposed solution will be fully analyzed and recommended;”. a. Is the intent of this requirement for the bidder to estimate the number of days following contract award in our proposal or is this part of the effort once the Assessment has begun? b. Would the State clarify the types of scenarios required, such as once completing 3.1 – 3.4, specify the number of systems, stakeholders, and impacts there are?</p>	<p>Section 3.5 is part of the business process impact assessment to be completed after the vendor is selected as part of the contract. Please refer to Section 3, Scope of work. The selected vendor must have the capacity, requisite experience, and expertise to provide an effective, efficient strategy for South Dakota Department of Social Services to meet all requirements of ICD-10 by Oct 1, 2014. The solution proposed by the selected vendor must meet the RFP objectives as identified.</p>
<p>What is the current implementation date of the new system being developed, SD MEDX? Are there currently any risks or major issues with the SD MEDX project?</p>	<p>DSS is currently developing the implementation date for SD MEDX. We do not anticipate SDMEDX to be available by the federal compliance date for ICD-10. The RFP seeks a solution to be compliant with ICD-10 for the current legacy system with possible re-use in SDMEDX.</p>
<p>The RFP states, “Be able to crosswalk all valid incoming ICD-10 diagnosis codes into ICD-9 format;”. Please clarify the purpose of such a crosswalk, i.e., historical reporting, process claims on the old system until the new is implemented, or other purposes.</p>	<p>The purpose of identifying all valid incoming ICD-10 diagnosis codes into ICD-9 format is for processing claims, operating the Surveillance and Utilization Review, federal reporting and all other functions of operating Medicaid.</p>
<p>The RFP indicates, “This should include the following;”; however, there are no sub-requirements to 3.16 that follow as the rest of the numbering format suggests. Is there missing requirements, or does “the following” include all the remaining requirements in this section, 3.17 – 3.25?</p>	<p>“This should include the following:” includes the requirements in 3.17 and 3.18 and all sub-points of each, all which define requirements of the ICD-10 Implementation Plan.</p>
<p>The RFP refers to “Part 1” of the Implementation Plan. Please clarify what this includes, i.e., 3.16, 3.16 – 3.17, or other.</p>	<p>Part 1 of the Implementation Plan includes 3.16 and 3.17 and sub-points.</p>

Section 3.20 of the RFP describes providing testing services; assuming a solution. Sections 3.22 – 3.25 request the selection and procurement of a solution. Can the State clarify the scope of this RFP includes planning, procurement support, project management oversight or PMO, testing services, and post-implementation support? Please further clarify that the scope does not include IV&V.	The scope of this project includes business process impact analysis, ICD-10 implementation planning, training, and support in selecting, procuring, implementing, and testing an ICD-10 solution as defined by the Scope of Work 3.1 through 3.25. Objectives 3.19 through 3.25 occur after the implementation plan is developed. Services deemed outside the scope of this RFP may be proposed as optional services with a separate cost proposal. Section 3.23 is being eliminated.
The RFP states, “the following information related to at least three previous and current service/contracts...”, immediately followed by, “Provide this information for any service/contract that has been terminated, expired or not renewed in the past three years:”. Is it the State’s intent to obtain the project summary information listed on page 8 for the previous and current service/contracts, or just for any that have been terminated, expired or not renewed?	DSS is requesting the project summary information related to at least three previous and current service/contracts performed by the offeror’s organization which are similar to the requirements of this RFP" AND summary information for any service/contract that has been terminated, expired or not renewed in the past three years as defined in Section 4.4.
Please clarify what is meant by “familiarity with the project location”. Does this mean staff that may live in the area, geographic, economic, and population similarities on other projects, or something else?	DSS is interested with the Vendors knowledge of the Pierre SD location, including its economic, geographic and, population conditions. DSS is looking for the Vendors experience completing projects in a similar locale.
What sites are within the scope of the project? Are there expectations related to site visits?	DSS operates in Pierre SD. Site visit information should be included in your proposal denoting how much time and when you will be on-site during the project.
Do you have a preferred method or software application by which ICD-9 relationships are to be diagrammed?	No. The selected vendor must have the capacity, requisite experience, and expertise to provide an effective, efficient strategy for South Dakota Department of Social Services to meet all standards associated with and defined by CMS as part of the HIPAA Administrative Simplification Final rule announced on January 16, 2009, requiring ICD-10 coding standards
What is the definition of ‘full compliance’ that should be used as the basis for our response?	Full compliance is determined by CMS as part of the HIPAA Administrative Simplification Final rule announced on January 16, 2009, requiring ICD-10 coding standards.

Is SD MEDX going to replace either the MMIS and/or POS systems? If so, please confirm that you are seeking one or more scenarios that do not require ICD-10 remediation of the system(s) being replaced. If not, is the 'without remediation' solution considered as a long-term solution?	It is expected that SD MEDX will replace our existing MMIS and POS, but the date that will occur is not yet scheduled. We do not anticipate SDMEDX being available by the ICD-10 compliance date so the solution must address the current legacy system, with possible re-use in SD MEDX. The Department of Social Services is looking for a vendor to provide an effective, efficient strategy for South Dakota Department of Social Services to meet all standards associated with and defined by CMS as part of the HIPAA Administrative Simplification Final rule announced on January 16, 2009, requiring ICD-10 coding standards by October 1st, 2014.
Does the step-up, step-down 5010 reference mean that there is a 4010 / 5010 conversion process currently in place within the claims process? If not, will you elaborate on this reference?	DSS has incorporated a step-up step down approach for 5010 whereby claims come in as 5010, are sent to a vendor and go through edits, are then transformed into 4010 claims that are adjudicated by the legacy system and then are sent back to the vendor to step back up to 5010.
Is the 'more specific' reference related to the ICD-10 codes themselves being more specific than ICD-9, or some other diagnosis coding specificity being sought?	Yes, the 'more specific' reference is related to the difference between ICD-10 and ICD-9.
Will you elaborate on the existing healthcare outcomes capability / toolset in place? Will the healthcare outcomes support being requested build on an existing solution?	DSS does not have any healthcare outcome toolsets in place.
Is there a Master Schedule for the ICD-10 transition effort? If so, please provide.	DSS expects to reach ICD-10 Compliance by Oct 1, 2014 as defined by CMS as part of the HIPAA Administrative Simplification Final rule announced on January 16, 2009. The vendor will be expected to develop recommendations and a high level milestone schedule as part of the scope of this RFP.
Is there a specific date through which 'under development' adoption strategies / standards should be considered and after which will be deemed out of scope for the implementation?	DSS expects to reach ICD-10 Compliance by Oct 1, 2014 as defined by CMS as part of the HIPAA Administrative Simplification Final rule announced on January 16, 2009.
Please confirm that the project management support being sought extends through the entire period of performance (September, 2014).	Yes, the contract is expected to extend through October 1, 2014.

<p>Please differentiate between the acceptance testing referenced here and the IV&V referenced in 3.23, for which only selection and procurement is sought?</p>	<p>Acceptance testing refers to testing of the implementation of system changes and oversight of integration test management services. If determined necessary, the State may pursue larger scope full IV&V services during the DDI phase of the ICD-10 solution, IV&V being defined: "to analyze a development contractor's processes and products to ensure adherence to contract requirements and sound engineering practices to meet the customer's objectives, specifically to produce a product on schedule and at budget." However, section 3.23 is being excluded from this RFP.</p>
<p>Please confirm that you are seeking consulting assistance in each of the areas listed over the life of the "to be defined" duration for each activity?</p>	<p>DSS is seeking a vendor to perform a business process impact assessment, create an implementation plan, perform training, and support the procurement, implementation and testing of an ICD-10 solution, meeting the objectives of 3.1-3.25, excluding 3.23.</p>
<p>Please stipulate the significance of the percentages assigned to each deliverable within the table.</p>	<p>The percentages assigned are proposed based on anticipated deliverables. The percentages may be adjusted based on the proposals.</p>
<p>Will the period of performance be updated to reflect this RFP / Proposal?</p>	<p>This contract is expected to be run from 4/15/2013 through October 1, 2014.</p>
<p>Does this mean that all work will be performed on contractor equipment including laptops, printers, etc.?</p>	<p>DSS will provide typical office equipment and office space as necessary for on-site work performed.</p>

<p>Please provide a copy of SDCL 5-26 referenced in this section.</p>	<p>http://legis.state.sd.us/statutes/DisplayStatute.aspx?Statute=5-26&Type=Statute PROMPT PAYMENT ACT</p> <p>5-26-1 Definitions.</p> <p>5-26-2 Deadlines for payments.</p> <p>5-26-3 Interest on overdue payments--Rate--Compounding.</p> <p>5-26-3.1 Payment of less than five dollars in interest prohibited.</p> <p>5-26-4 Additional appropriations for interest prohibited.</p> <p>5-26-5 Disputed payments exempt--Notice of dispute required.</p> <p>5-26-6 Time for payments to subcontractors and suppliers--Interest on overdue amounts--When payments due.</p> <p>5-26-7 Citation of chapter.</p> <p>5-26-8 Exemptions of transactions between government agencies.</p>
<p>Please confirm this is a time and materials contract.</p>	<p>No, this is a fixed price contract.</p>
<p>Do we need to complete the Procurement Management Vendor Registration process prior to submitted our Letter of intent to bid on RFP#2078? If not, when does this need to be completed?</p>	<p>Vendors do not need to be registered with the Office of Procurement Management to respond to RFPs. It is just a convenient way for companies to be notified of the State's published RFPs if they do register.</p>
<p>Will the questions and responses submitted by all participating vendors be shared with everyone?</p>	<p>Yes.</p>
<p>Are you on an Electronic Health Record? If yes which system?</p>	<p>No.</p>
<p>Do you currently have a clinical documentation program in place or is this part of the Care Management program you have in development?</p>	<p>No.</p>
<p>How many physicians are included in the scope of work?</p>	<p>None.</p>
<p>Have you begun any ICD-10 remediation?</p>	<p>No.</p>

It is stated that work needs to be done onsite. For ICD-10 Assessments, we traditionally work exclusively the first two to four weeks onsite to perform analysis, and a couple of days on-site in the last week or two to review preliminary and final deliverables. Beyond that, the majority of the remaining time is effectively performed off-site, facilitated by teleconferences where required, without any work quality loss. The primary reason for this is to alleviate project costs and save our client's money. Is that acceptable?	DSS is willing to consider proposals that ensure day to day operational management of the project remains effective. Vendor responses should include specific descriptions of the vendor staff schedules including time on and off site.
Will we have access to a projector, conference room that seats up to 6 persons comfortably, network access (Citrix will suffice), and system access to SharePoint sites and shared drives, where needed?	A conference room seating six with a projector can be scheduled, depending on availability. Citrix access to State information may be granted if necessary and other pertinent information will be shared as appropriate.
The RFP indicates that the DSS business model is to be used for prioritization of implementation activities. a. Can the State share the current DSS business model? b. Has the State completed the MITA 3.0 State Self-Assessment? c. If so, will the models be available for this project? d. If not, when is the State scheduled to complete the SS-A?	DSS currently utilizes a legacy MMIS system that is state operated. DSS will share its strategic plan document relating to business prioritization with the selected vendor. Yes, the State has completed the MITA self-assessment. Any documentation from that process will be shared with the selected vendor.
The RFP contains two sections that are labeled identically: 3.18.2 Consideration of other in-process or planned projects that may share resources or impact ICD-10 efforts; 3.18.2 A description of tasks and activities in a Work Breakdown Structure (WBS); Please clarify.	This was a typographical error. Please address each point in the proposal.
The RFP states, "A clear description of any options or alternatives proposed;" Does this mean ICD-10 solution options or project and approach options? If it means solution options, may additional options be considered after the Assessment is completed?	DSS is looking for proposed solutions to meet ICD-10 Compliance by October 1st, 2014. It is expected that the proposed solutions will come after the assessment is completed.
The RFP refers to "See section 7.0 for more information related to the cost proposal." The RFP does not contain a section 7.	The 7.0 was inadvertently left off prior to the word Cost Proposal and begins on page 10.